

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010371

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

251

STATE FILE NUMBER

FILED APR 4 1963

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Columbia

Length of stay in 'b

4 1/2 hr

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

U. of Mo. Med. Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

a. STATE

Missouri

b. COUNTY

Howard

c. CITY

OR TOWN

New Franklin

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

110 Pearl

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Baby Girl

Middle

Clark

Last

4. DATE OF DEATH

Month

Day

Year

Mar

26

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/26/63

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

4 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Columbia, Mo.

12. CITIZEN OF WHAT COUNTRY

United States

13a. FATHER'S NAME

Fred Clark

13b. MOTHER'S MAIDEN NAME

Linda McGaugh

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

16. SOCIAL SECURITY NO.

U. of Mo. Medical Records

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Shock Hypovolemic

INTERVAL BETWEEN
ONSET AND DEATH

3 1/2 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Blood loss, transplacental

DUE TO (c)

Hyp

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Central nervous system hemorrhage

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2pm 3/26/63

to 3/26/63

her

and last saw him alive on

3/26/63

Death occurred at

5pm

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert J. Harris MD

22b. ADDRESS

University Hospital Columbia

22c. DATE SIGNED

3/26/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

4-1-63

23c. NAME OF CEMETERY OR CREMATORY

Anatomical Board

23d. LOCATION (City, town, or county)

Columbia

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Robert D. Johnston Columbia Mo.

25. DATE RECD. BY LOCAL REG.

April 1, 1963

26. REGISTRAR'S SIGNATURE

Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF:

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.